

DIVISION OF HEALTH SERVICES
MARCH OF DIMES CRADLES OF LOVE
FEBRUARY 15, 2010 - JUNE 30, 2010
BUDGET NO. 635-400513

<u>ACCT. NO.</u>	<u>ACCOUNT NAME</u>	<u>CURRENT BUDGET</u>	<u>DIFFERENCE</u>	<u>PROPOSED BUDGET</u>
4703	PRIVATE DONOR GRANTS	-	(12,036.00)	(12,036.00)
	TOTAL OTHER REVENUES	-	(12,036.00)	(12,036.00)
6023	EDUCATION SUPPLIES & MATERI,	-	722.00	722.00
6052	OFFICE SUPPLIES	-	900.00	900.00
6099	OTHER SUPPLIES & MATERIALS	-	10,000.00	10,000.00
	TOTAL SUPPLIES	-	11,622.00	11,622.00
6446	LOCAL TRANSPORTATION	-	414.00	414.00
	TOTAL SERVICES	-	414.00	414.00
	TOTAL EXPENDITURES	-	12,036.00	12,036.00
	NET COST	-	-	-

DATE: 01-06-10

IN-HOUSE ROUTE SHEET
RESOLUTION CHECK-OFF LIST

BUDGET #:	635-400513
PERIOD OF TIME:	02/05/10 - 02/15/11
AMOUNT:	\$12,036.00
DESCRIPTION:	BUDGET ADMENDMENT - NEW FUND SET UP
	CRADLES OF LOVE - MARCH OF DIMES FOUNDATION

	INITIALS	DATE RECEIVED	FORWARDED
MANAGER			
CALONDRA TIBBS			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
RUSSELL			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
ACCOUNTANT			
BENNETT			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
LACHAPELLE			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
FARRIS			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
NUNNALLY			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
MADLOCK			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
HIPPA REVIEW			
COMMENTS:			

CONTRACT NO. CA. N/A

CONTRACT AND ENCUMBRANCE INFORMATION SHEET

*****AN ORIGINAL AND 1 COPY OF THIS FORM MUST BE SUBMITTED*****

THIS SHEET MUST BE COMPLETED AND SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR, AND, IF APPLICABLE, THE HEALTH POLICY COORDINATOR, AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

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|-----|---|--|
| | Department Requesting Services: | <u>HEALTH DEPARTMENT</u> |
| 1. | Preparer's Name, Telephone #
<u>Johnathan Russell 544-7585</u> | <u>johnathan.russell@shelbycountyttn.gov</u> |
| 3. | DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
<u>This grant will providet sudden infant death syndrome (SIDS) education and safe appropriate cradles for newborn infants.</u> | |
| 4. | NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D.
NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE
CONTRACTING:
<u>March of Dimes Foundation</u>
<u>PO Box 932852</u>
<u>Atlanta, GA 31193-2852</u>
VENDOR NO/FED ID NO. <u>A1848</u>
EOC NO. exempt <u>N/A</u> | |
| 5. | COST OF ITEM OR SERVICE REQUESTED: | <u>\$ 12,036.00</u> |
| 6. | TERM OF PROPOSED CONTRACT/AGREEMENT: | <u>02/15/2010 - 02/15/2011</u> |
| 7. | FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE
SPECIFY DOLLAR AMOUNT FOR EACH**
<u>Revenue - No Encumbrance</u>
<u>635-400513</u> | |
| 8. | COMMODITY CODE: | <u>715-10, 715-48</u> |
| 9. | VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE) :
PLEASE ATTACH APPROVAL DOCUMENTS

a. _____ Bid/RFP Process - # & Date _____
b. _____ Emergency/Sole Source _____ | |
| 10. | LOS/MBE INFORMATION: Please check the appropriate description

_____ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
MALE _____ FEMALE
_____ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
_____ LOSB (LOCALLY OWNED SMALL BUSINESS)
ANNUAL SALES DOES NOT EXCEED \$3 MILLION
_____ X _____ N/A | |
| | SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS) | |

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD
DATE

ELECTED OFFICIAL

DIVISION DIRECTOR **DATE**